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I.

*Remarks on Re-vaccination ; and
on the Opinions of Dr. Robbins
relating to that subject.*

Communicated in a Letter to the
Editors from GEORGE HAYWARD,
M.D. &c.

In the 2d No. of your Journal there is a communication from Dr. C. Robbins, of this city, respecting cowpox,* which appears to me to contain much that is calculated to unsettle the public mind with regard to the preventive power of that disease. He asserts, what all will be inclined to admit, that the generality of mankind are liable to be affected by the infection of smallpox ; that

this susceptibility is greater in some than in others, and that it is by exhausting this that the cowpox is capable of preventing the effects of the contagion of smallpox. But when he recommends re-vaccination in all cases, on the ground that the susceptibility may not have been completely exhausted by the previous vaccination, I must enter my protest against it ; for-I cannot but think that the measure is wholly unnecessary where the disease in the first instance has been of the genuine character, and uninterrupted in its progress ; and that the mere suggestion of it is calculated to create doubt and distrust as to the value of vaccination in the great mass of the community. Besides, there would be no end to it, that I can discover. If the second vaccination is successful, it is a clear proof, according to this theory, that the susceptibility was not completely exhausted by the first ; and how do we know that it is by the se-

* I use the term Cowpox because it is most commonly employed in Great Britain, and because it seems to be most in accordance with analogy. There is no objection, that I am aware of, to the Latin name Vaccinia, which is adopted by Dr. Good and other writers ; Dr. Robbins employs the terms Vaccinia and Vacciola to express, as far as I can discover, the same thing.

cond? It must of course be repeated as long as it continues to produce the genuine vesicle, otherwise there will be no certainty that the susceptibility is exhausted. And if the vaccination should be unsuccessful, there would still be room to doubt, for the matter may have been effete, or something may have occurred in the operation to prevent its introduction, or there may have been a little too much bleeding, so as to wash it out after it has been introduced. In either case it will be difficult, if not impossible, to satisfy one's self of the exhaustion of the susceptibility, without repeating the operation a greater number of times than either patient or physician will ever submit to.

What then are the facts on which this hypothesis is supposed to rest? No other, that I can discover, than that the second vaccination has occasionally produced "as perfect a vesicle, and as deep an areola, as if the individual had never been vaccinated." Does this often occur in those who have the distinct, well-characterized scars of cowpox? My own experience would authorize me to say that it very rarely does. During the past winter I vaccinated more than forty persons, all of whom had been previously vaccinated, and on whose arms I found the genuine scar. It is difficult to describe what I consider a genuine scar, so as to give an idea of it to those who are unaccustomed to the examination of the scar made by the cowpox. I should say, however, that it is very distinct, usually whiter than the surrounding skin, of a circular form, varying in size from something larger

than a ninepence (or an English sixpence), to less than half that size, and commonly exhibiting two or more small indentations on its surface. To not one of this number of forty was I able to communicate the cowpox, though the matter employed was of the purest kind, and failed, in scarcely a single instance, to produce the genuine disease in the unprotected. There was a great similarity in the effects produced on those who had been previously vaccinated, by the introduction of the matter. The puncture usually inflamed in the course of twelve hours, and this inflammation was attended with a great degree of itching; the vesicle never contained limpid matter, but was soon filled with pus, and at the end of the fifth or sixth day at the farthest, the disease began to decline. There was also a remarkable uniformity in the form of the scab; instead of being nearly flat, as it is in cowpox, it was invariably of a conical form. It may perhaps be worth while to remark, that of the number in whom I repeated the vaccination, several had been vaccinated more than twenty-five years before, and no more effect was produced on them than on those who had been more recently vaccinated.

There is a striking difference in this result from that given by Dr. R., who thinks "that in about one case in twenty it has taken a second time." The correctness of this opinion must be tested by future observation on an extended scale.

But admitting the fact, that a vaccine vesicle, having most if not all the characters of the genuine one, may be sometimes produced by a second vaccination,

does it necessarily follow that the patient did not before have the disease, and that he was consequently unprotected? I think not, for it is well known that such a vesicle has occasionally been produced by vaccination on those who have had the smallpox in the most unequivocal manner.

Dr. R. does not appear to be satisfied with the usual mode of accounting for the occurrence of smallpox after vaccination, but rather supposes that it is owing to the fact, that the susceptibility had not been completely exhausted by the cowpox. Facts, I think, will show, that the common explanation is in all probability, in most cases, the correct one. Not a year has elapsed, since the introduction of cowpox into this city, that one or more patients have not come here with the smallpox; and in almost every instance several individuals, in some cases fifty or sixty, have been exposed to the contagion, before the removal of the patient, without any other protection than vaccination, and the disease has not been communicated, as far as I can learn, to a single individual who has been vaccinated, by any of these patients. Whereas, hardly a case of smallpox has occurred in the country towns in this commonwealth, within the last few years, that has not communicated the disease to some who had been previously vaccinated. And this may be explained, without supposing any want of attention or professional skill in the medical gentlemen in the country, by the manner in which vaccination is performed there and in Boston. In the country it is frequently done by itinerants, who either know little or

nothing of the disease, or do not employ fresh or genuine matter, or do not remain long enough in the towns which they visit to ascertain whether the cowpox has been communicated. In Boston, on the contrary, it is done by the physicians; great care is taken respecting the matter that is introduced, and the disease is carefully watched during its whole progress. If one person out of twenty, who have been properly vaccinated, is liable to take the smallpox, how does it happen that it has not been communicated to a single individual of the hundreds who have been exposed to it in this city in the manner I have mentioned?

I do not however mean to say, that those who have had the genuine cowpox can never take the smallpox; on the contrary I know that this sometimes, though rarely happens, but the same thing occurs, still more rarely perhaps, in those who have had the smallpox. An exposure to a high degree of the infection will not unfrequently produce a mild variolous eruption, in those who have before gone through the smallpox, and there are even some cases of secondary smallpox that have proved fatal.

Dr. R. does not seem to think that a cutaneous eruption at the period of vaccination is likely to interrupt the progress of the disease, or prevent it from being effectual. The late Dr. Jenner and Dr. Geo. Gregory, Physician of the London Smallpox and Cowpox Hospital, (names certainly of no mean authority on this subject,) have taught otherwise, and if they are in an error, it is without doubt a harmless one, but a neglect of their admonitions, if their opinions

should be correct, might be followed by very serious consequences.

I have only to notice one other point in Dr. R.'s paper, and that is the opinion he advances respecting the interruption the disease is liable to experience in its progress. "It is not, I apprehend," says he, "so easy a thing to check the progress of this disease, as is generally supposed." He seems to think that the formation of the vesicle and the affection of the constitution are simultaneous, and that "it matters but little to the security of the individual, whether the pustule be disturbed or not." To neither of these views do I assent. The disease I believe to be local till the virus contained in the vesicle has been absorbed into the system, and the constitutional symptoms that usually occur between the eighth and tenth day are probably the effect of this absorption.

In the summer of 1816 I vaccinated a female infant; a perfect vesicle was formed, from which I took matter on the eighth day that gave the disease to others. On the ninth, in consequence of exposure of the limb to a strong current of air while the child was asleep, a violent inflammation took place around the vesicle, suppuration was the consequence, and a great discharge of pus followed. During the past year, entertaining some doubt whether the system was protected against smallpox, I vaccinated her again, and no one ever had the disease more perfectly than she did. This induced me to believe, that the inflammation and suppuration around the vesicle had prevented the absorption of the vaccine virus into the system, and that the disease, until this takes place, is

entirely local. Irritation, therefore, of the vesicle from any cause, which would produce suppuration or ulceration, and thus change the character of the action going on, would I believe prevent the vaccination from affording any protection against smallpox.

This is certainly analogous to what is known of syphilis; one spot is inoculated; in a period varying from five to fourteen days after the exposure, a small pimple, containing a limpid fluid, appears; this soon ulcerates, and thus far it is a local disease. It is possible to remove it by the knife or by caustic, so as to prevent the affection of the system. This is sometimes done, but these means are so harsh, that patients for the most part prefer the milder and equally efficacious, though less expeditious method that is usually pursued. I have no doubt also, that by the removal with the knife of the vaccine vesicle, at an early period, the progress of the disease would be arrested, and the system be left wholly unprotected.

In conclusion, the results to which I have arrived in my own mind on this subject, are the following:

- 1st. That one successful vaccination, made with genuine matter, and which has been uninterrupted in its progress, affords all the protection which cowpox can give against the infection of smallpox.

- 2d. That many of the cases of smallpox after cowpox are owing to the imperfect manner in which the patient has been vaccinated.

- 3d. That eruptions on the skin, at the time of vaccination, have the power of so modifying the disease as sometimes to take away

the protection which it would otherwise afford against smallpox.

And lastly, That it is of the utmost importance that the vaccine vesicle should be disturbed as little as possible, otherwise the absorption of the virus will not take place, and the system consequently will not be protected.

Boston, April 22, 1828.

II.

THE doctrine of M. Broussais has been made public nearly thirty years; yet has been known and noticed in Great Britain within a few years only. Since it has become the subject of attention, it has been ridiculed by some writers as visionary, and attacked by others for its pretension to originality. The Italian physicians and the English would claim, each for their own countrymen, the merit of having given birth to the Inflammatory Doctrine. M. Broussais, on his part, has enlarged his claims very considerably; and his Doctrine, which was first published about the year 1801, under the title of "History of the Phlegmasia, or Chronic Inflammations," has been since dignified with the title of the "New Physiological Doctrine." To whom the strongest claim of originality belongs, is not for us to decide; but we must give to M. Broussais the credit of having presented to the public in a more distinct view than others, the internal inflammations, acute, sub-acute and chronic, as the cause of a multitude of febrile affections, whose nature was before unknown.

We present a Report from the Hospital in which he practises, for the purpose of exhibiting his treat-

ment of a number of common affections; and although some may venture to doubt the efficacy of such practice as the application of a few leeches on the surface of the abdomen or thorax, as a remedy for a deep-seated inflammation, there are other parts of his practice quite worthy of commendation and imitation.

Hospital Report from the Val de Grace. By M. BROUSSAIS.

For November, December, January, February and March, 1826-7.

M. Broussais's doctrine has lately been assailed, through the medium of the practice which it inculcates. It has been said that the success of the Professor in the VAL DE GRACE has not been equal to that of other physicians entertaining different views from the founder of the new doctrine. It is hardly fair to judge of a doctrine or practice by comparative success in different hospitals—or even in the same hospital at different times, or under different physicians. A man may have a run of bad or good luck in the reception of patients, as well as in throwing dice or playing at cards—and this may give a very pleasing or gloomy cast to the numerical results at the end of the quarter or half-year. M. Broussais has caused his aide-major, (M. Cassimir Broussais) to present a semestral report from the VAL DE GRACE, appealing, for the authenticity and truth of the report, to the records of the institution, and the evidence of those who walked the hospital at that time. Nothing can be more unexceptionable than this plan, with the reservations above alluded to—and we shall

now proceed to give an analysis of this report.

It is asserted by the reporter, that when M. Broussais takes his turn of duty in the VAL DE GRACE, he desires that the worst cases may be sent to his wards. This is magnanimous—more so than wise, perhaps. In the five months above specified, there were entered 438 patients, of whom 20 died, or about one in twenty-two. This certainly is not a very great mortality, considering that an epidemic raged during part of the time, before which, the mortality was only one in thirty-five—and that 86 cases remained in the hospital from the preceding semestre. M. Cassimir asserts, (and there can be no reason to disbelieve him) that many were sent to the VAL DE GRACE, in the above period, merely to die. This happens in all hospitals, and must ever prevent a fair estimate of medical treatment. We do not deem it necessary to give the whole table of maladies. Suffice it to say, that there were three aneurisms of the heart—76 cases of acute bronchitis—8 of colitis—7 of duodenitis—3 of encephalitis—60 of gastro-enteritis—15 of hypertrophy of the heart—35 of intermittent irritation (ague)—4 of laryngitis—79 of acute pleuritis—29 of other acute inflammations of the thorax.

1. *Pleuritis.* Of the 79 cases of acute pleuritis, only one proved fatal, and that from purulent effusion into the cavities of the pleura and pericardium. This inflammation had commenced five days before the patient's entrance into the hospital. In all these cases of pleuritis, the disease was combated by the application of leech-

es to the pained part. In 29 cases venesection preceded leeching. In general, a single application of 15, 20, or 30 leeches was sufficient. In three cases only was it necessary to have recourse a third time to leeching. Emollient cataplasms always succeeded the leeches, and diluent mucilaginous drink was plentifully given. In six cases, it was necessary to blister after leeching, and, in four of these, the measure was successful. It was remarkable that, in most of these cases, the pulse fell immediately after the blisters had risen. In two cases, however, they were applied too soon, and the râle muqueux and fever obliged M. Broussais to have recourse to more leeches. In the great majority of cases, bronchitis preceded the pleurisy, which induced M. Broussais to suppose that the inflammation of the mucous membrane, having arrived at the ultimate ramifications of the bronchia, passed on to the serous membrane, and then produced the corresponding phenomena. When the bronchitis persisted, which was generally the case, leeches were applied under the clavicles, at the top of the sternum, and wherever the râle muqueux could be heard.

These thoracic inflammations were far from being uncomplicated. In twenty cases, at least, there was considerable gastric irritation, which yielded, however, to leeching the epigastrium. In two cases there was evident duodenitis—and, in three instances, the inflammation spread to the other intestines, producing diarrhœa—and to the brain, giving rise to delirium. These cases are detailed at length, but we pass them over.

There were very few instances of relapse in these pleuritic cases. The medium period of residence in the hospital was 23 days. It is remarked, however, that M. Broussais never permits a soldier to leave the hospital till he is so completely recovered as to enter immediately on his military duties.

2. *Acute Bronchitis.* Of 76 cases of this disease, M. Broussais lost one. General and local bleeding, especially the latter, was principally trusted to—the leeches being applied to the places mentioned above. There were seldom more than 20 leeches applied at first—and afterwards a small number were applied wherever the râle could be distinctly heard. Blisters were employed in only seven cases. In about 20 cases of bronchitis the inflammation spread to the mucous membrane of the stomach, requiring leeches to the epigastrium. It was surprising to see how soon the detraction of blood from this quarter calmed the irritation of the whole system, and reduced the fever. In many of these cases the appetite came on quickly after the leeches, and it was difficult to restrain the patients from committing excesses. More relapses, however, were occasioned by exposure to atmospheric vicissitudes than by imprudence in diet. The mean term of residence in hospital for this inflammation was 14 days. One case proved fatal. The young man had had cough during the whole of the winter, and was affected with acute bronchitis fifteen days before he went to the hospital. He was then spitting up large quantities of purulent matter, and was unable to lie

down in bed. He died on the fifth day after he was received into the hospital. The trachea and bronchia were found filled with muco-purulent matters, and the lining membrane intensely reddened. The parenchyma of the lungs was, in some places, hepatized. The mucous membrane of the stomach, and also of the jejunum, was much inflamed. The patient, therefore, evidently died of suffocation from the effusion into the air-passages.

3. *Pneumonia Acute.* Of sixteen cases of this disease, three died, and a fourth remained doubtful. They were all accompanied by great congestion of blood, not only in the chest, but in the abdomen and other parts, rendering the treatment very difficult. One, two, or three general bleedings were followed by leeches to the chest, or to whatever part appeared to be the seat of congestion. In six cases only were blisters applied. Diminution of the force and frequency of the pulse—of the râle crepitant—of the dull sound—of redness on the cheeks;—and, on the other hand, the facility of expectoration, were the signs for discontinuing depletion, and trusting to the efforts of Nature. If, after these favorable phenomena appeared, there was heard any râle in any part of the chest, then a blister was applied. Mean stay in the hospital for pneumonia was 22 days.

The first of the three fatal cases died on the fifth day after he was received into the hospital, having been ill for twelve days previously. The depletive system was pursued as far as was consistent with prudence, but it was too late. On dissection, con-

siderable portions of lung were found hepatized, and much mucopurulent matter could be squeezed from the rest. The brain was sound; but the mucous membrane of the stomach was highly inflamed, and there were ulcerations in the ileum.

The second patient, whose case proved fatal, had been ill only four days, according to his own account. When received, the dyspnœa was great, and he was spitting up bloody expectoration, with hard full pulse, great heat of skin, and ardent thirst. One general and one local bleeding somewhat relieved these symptoms; but the inflammation spread to the digestive apparatus, and required many leechings. The patient appeared to be convalescing, when a relapse took place, and then all means failed. On dissection, the posterior half of the left lung was found hepatized, and a considerable portion of the other lung was in the same condition. The mucous membrane of the stomach was softened, and there were marks of inflammation in the mucous membrane of the small intestines.

Before taking up the subject of chronic inflammation of the lungs, M. Broussais thinks it necessary to say a few words respecting those acute thoracic inflammations which were on the point of changing into chronic, and which would certainly have induced phthisis, had it not been for the rigid antiphlogistic means that were used. Of 200 patients that entered the hospital during five months, and who were affected with pulmonary inflammation, only one has died of phthisis. In eleven cases, however, the inflammation proved obstinate, and

phthisis was *menaced*. The following are the signs, M. B. observes, which indicate that chronic inflammation is taking place, to end in pulmonary phthisis. When patients, relieved from the acute symptoms, and especially those of gastric irritation, begin to recover their appetite—become cheerful—and regain some strength, they think themselves well, in fact, and regard the remaining cough as nothing. But the attentive physician will readily perceive that, notwithstanding these appearances of amelioration, a focus of inflammation remains. There will be found some *râle muqueux* or *râle sibilant*, or both—the sound will be less clear, on percussion, over these points of the chest—the breathing will not be quite free—the chest will be raised, *en masse*, on inspiration; or one side will rise more than the other—the cough still continues, though much diminished—there is expectoration of a yellow mucus, or mucopurulent fluid—the pulse is more frequent than natural, and more full, especially towards evening—there is some pain or uneasiness complained of, under the sternum, at the epigastrium, or in the throat—the skin is dry and hot in the day, and often covered with perspiration in the night—the features of the countenance indicate some internal suffering, however the patient may endeavor to conceal it, which he almost always does. When patients are examined by the stethoscope they will breathe remarkably low, lest the wheeze (*râle*) should be heard. In short, they take every means of misrepresenting their actual condition, lest they should be deprived of food, and put upon

rigid regimen. In these cases, the Professor was obliged to have repeated recourse to leeches under the clavicle, over the sternum, and other parts of the chest, wherever the wheeze could be most distinctly heard with the ear. To these means, were added blisters and severe regimen—chiefly milky and farinaceous food. If the appetite became very keen, although the pulmonary affection was not entirely dissipated, some bouillie was allowed, and, in this manner, they were kept under regimen for 10, 15, or 20 days. Nine out of these eleven patients were discharged cured, in the course of March and April, 1827. The other two remained a long time doubtful, and one appears not yet secure; the other has, ultimately, been saved from phthisis, though of a highly strumous habit, and consumptive family.

4. *Chronic Bronchitis.* In a considerable proportion of these cases, regimen alone succeeded; with the aid of some trifling narcotics. In some cases, it was necessary to employ local, and even general bleeding. By these means all the cases recovered. The same may be said of the other chronic phlegmasiæ of the chest.

5. *Acute Gastro-Enteritis.* Of sixty cases of this disease, one proved fatal. In almost all the other cases, the disease gave way to the first, second, or third application of leeches; a few resisting the antiphlogistic treatment for a longer time. The complaint commenced with thirst, loss of appetite, general malaise, sense of heat at the epigastrium, redness of the point of the tongue, occasionally by vomiting, slight

delirium, vertigo, &c. Some were taken suddenly and violently ill; others were slowly affected. Fourteen or fifteen of these cases are denominated, on the books of the hospital, "*gastric irritations*," being simple *gastro-enterites*, following a very rapid course. The symptoms of these were:—Cephalalgia, general sense of fatigue, inappetency, redness of the tip of the tongue, thirst, heat of epigastrium, some elevation and frequency of the pulse. Four of these cases ceded to regimen alone—the others to ten, fifteen, or twenty leeches applied to the epigastrium, seconded by rigid abstinence, and emollient mucilaginous drink. In four cases, the disease presented itself in the form of inflammatory fever, and two of them required general bleeding, in addition to the leechings. In one case, the fever was on the point of passing into the adynamic (or what is here called typhoid) state; but two applications of leeches, one of 30 and the other of 10, to the epigastrium, hypochondria, and chest, with friction of vinegar, &c. arrested the progress of the stupor, and saved the patient from a dangerous form of disease into which he was lapsing.

In two cases, there were presented the symptoms of what the ancients denominated ileus, without knowing its cause. This was a sudden development of a circumscribed tumor in the abdomen, accompanied by vomiting and most painful colic, &c. In one case, that of a young man, aged 29 years, the tumor appeared suddenly in the night, and to ease the pain, he had swallowed a quantity of brandy and sweet oil, which were soon thrown up

by vomiting. Next day, leeches were plentifully applied to the tumor, followed by fomentations. On the succeeding day, there was neither vomiting, pain, nor tumor. The bowels were opened, and, in a few days, he was discharged cured.

In the other case, the patient being a man 52 years of age, the pain was not very acute, but the vomiting was very frequent. This man had also swallowed some hot brandy and oil, which increased the sickness. The tumor was very sensible to the hand, as well as to the eye, being situated in the region of the caput coli. The pain was like that in colica pictorum, but dreadfully severe, and he begged for speedy relief from his sufferings. Twenty leeches were applied to the part. Next day, all the symptoms, and all traces of the tumor had disappeared. M. Broussais does not say much as to the real or supposed nature of these tumors in the abdomen. He thinks there is evidently acute inflammation—and possibly invagination—both of which speedily cede to the only proper mode of treatment; copious leechings and fomentations. He makes no mention of any accumulations in the colon, as the probable cause of these sudden tumors. We have seen several instances of this complaint—and one lately, in the person of a medical student of the Middlesex Hospital. He was, at one time, in a dangerous predicament, having neglected the complaint for a day or two. He required repeated local and general bleeding, with fomentations, calomel and opium, and smart purgation, when the disease yielded; but not before his face had assumed the Hippo-

cratic cast, and the pulse had remained for more than 24 hours above 160 in the minute. He was judiciously treated in the beginning, by Mr. Weatherfield of Covent Garden, before we saw him.

There were some serious complications of these gastro-enterites. The most formidable was erysipelas supervening on, or succeeding, the fever occasioned by the gastro-enteric affection. Yet, even in these cases, M. Broussais did not hesitate to apply numerous leeches to the cutaneous inflammation—and, it appears, with perfect success.

The following are the principal features of the gastro-enteritis which proved fatal. The patient was in a desperate condition when he entered the hospital on the 12th of November. When examined his countenance had a very bad appearance—he was propped up in bed, breathing with much difficulty—tongue dry and red—thirst ardent—total loss of appetite—much wheezing in the right side of the chest, which seemed depressed—deafness—diarrhœa. He was bled from the arm, and leeches were applied to the epigastrium and anus—glysters were thrown up, and various means were used, but in vain. He died on the 20th of the same month. On dissection, the mucous membrane of the stomach was found of a dark brown color, and the lower portion of ileum was studded with innumerable ulcerations. The rest of the intestines were sound; but the right lung was completely disorganized, and contained several excavations.

7. *Acute Duodenitis.* There were seven distinctly marked

cases of duodenitis, and five where it accompanied other affections. None proved fatal. In two cases, the disease appeared to be brought on by paroxysms of anger. The characteristic features were, a loaded tongue, (the crust of fur being of a grey, white, or greenish cast) bitter taste in the mouth—great diminution or total loss of appetite—a shining puffiness (renitence) in the region of the duodenum, seldom accompanied by pain. The treatment consisted in the application of 8, 10, 15, 20, or 30 leeches to the duodenal region. In the majority of cases, one application was sufficient. To this measure, warm baths were sometimes added, which helped to dissipate the jaundice. In these cases, starvation was indispensable, till the duodenitis ceased.

8. The cases of Colitis, eight in number, were easily removed by one or two applications of leeches. Diarrhœa was the characteristic feature. Rice gruel and rice pudding were found the best species of aliment.

The cases of chronic gastro-enteritis were few in number, and offered nothing particular in symptoms or treatment. Regimen is, in these cases, the mainspring of the cure.

The other diseases in the table do not require any particular notice. The following statement from the records of the VAL DE GRACE, is certainly very favorable to the new physiological doctrine, and we entertain no doubt whatever of the superiority of the practice inculcated by this doctrine over the old routine of stimulants and tonics, in chronic diseases—"medecine expectante" in acute.

The ratio of mortality was thus :—

March, 1804, to December, 1809,	1 in 12
January, 1810, to December, 1814,	1 in 10
January, 1815, to December, 1819,	1 in 32
January, 1820, to December, 1824,	1 in 27
January, 1825, to December, 1826,	1 in 30

Ann. de la Med. Phys.

BOSTON, TUESDAY, MAY 6, 1828.

Extract from the Statutes of Harvard University relating to the Degree of Doctor in Medicine; and a Vote of the Medical Faculty respecting the same.

"III. THERE shall be four meetings holden in this University annually, by the faculty of medicine, for the purpose of examining candidates for the degree of doctor of medicine. Two of these meetings shall be for private examinations, and shall be holden in the Massachusetts Medical College in Boston; and two of them shall be for public examinations, and shall be holden in some one of the halls of the University in Cambridge. Three members of the faculty at least shall be present at every examination. The first meeting for private examinations in every year shall be holden on the day, next succeeding that on which the winter courses of medical lectures shall terminate, at ten o'clock A. M. The second meeting for private examinations shall be holden on the Monday next but one preceding the day of the annual commencement in the University, at ten o'clock, A. M. In extraordinary cases the faculty may hold meetings for private examinations at other periods. The meetings for public examinations shall be holden on such days as the President may appoint, provided that the same shall take place within one week after the termination of the stated annual meetings for private examinations respectively. All the meetings described in this statute may be continued by adjournment. The meetings for the public examinations shall be open to the

Governors and instructors* of the University, to the fellows of the Massachusetts Medical Society, and to such other respectable persons as may choose to attend them.

"IV. Every candidate intending to offer himself for private examination shall, four weeks previously, give notice of his intention to the Dean of the faculty, and shall at the same time deliver, or transmit to the Dean a dissertation, written by himself, on some subject connected with medicine. Every dissertation shall be submitted, by the Dean, to the examination of the faculty in the mode which they shall point out.

"At a meeting of the Faculty of Medicine of Harvard University, August 15, 1821.

"*Voted*, That hereafter, the dissertations of candidates for examination in winter, shall be delivered on or before the first day of January; and that the dissertations of candidates for examination in summer, shall be delivered on or before the first day of July; and that no excuse will be received for a delay in the delivery of dissertations after the days appointed in the fourth section of the fourth statute."

NORTH AMERICAN MEDICAL AND SURGICAL JOURNAL.

WE have received the April number of the North American Medical and Surgical Journal, which contains its usual amount of valuable and interesting matter. We are induced to notice more particularly at the present time, when so much is thought and feared on the subjects of smallpox and vaccination, the "Report of the Committee of the Philadelphia Medical Society appointed to collect facts in relation to the recent occurrence of Smallpox in that City." This committee it seems was appointed in consequence of a current

report "that several members of the medical profession had lost their confidence in vaccination to such a degree, as to render them willing to recur to the practice of inoculation." In fulfilment of the duty assigned them, they issued the following circular to a number of the physicians of the city:

SIR—Having been appointed a Committee from the PHILADELPHIA MEDICAL SOCIETY to collect facts in relation to the recent occurrence of SMALLPOX, we have taken the liberty to request of you an answer to the following queries:—

1. Have any cases of Genuine Smallpox, subsequent to Vaccination, come under your *personal* notice?

2. In such cases, what reasons have you for believing that Vaccination was properly performed?

3. How many cases of deaths from modified Smallpox have come under your *personal* notice, and what were the circumstances attending such deaths?

4. How many cases of Smallpox subsequent to previous inoculation or natural Smallpox have come under your *personal* notice?

5. In the last set of cases have any and how many deaths occurred?

6. Have any facts come under your *personal* notice, tending in any degree to weaken your confidence in the efficacy of Vaccination as a preservative against the *fatal effects* of Smallpox?

An immediate reply to the above queries will confer a very great favor on

Yours respectfully,

EDWARD JENNER COXE,
D. FRANCIS CONDIE,
CH. D. MEIGS.

Answers were received from more than forty physicians to whom these circulars were directed, and the committee are prepared, from the col-

lection of facts which has been thus made, to answer in the affirmative the question which now agitates the public mind, "*Shall we be safe if we are vaccinated?*" A condensed view of the whole mass of testimony from the different physicians is presented, which is well worthy of a very attentive examination; but our limits will not permit us to extract it. We quote, however, the following as the general results of the committee:

1. These documents shew that varioloid disease has attacked both variolated and vaccinated persons.

2. Of the whole number of variolated cases, say seven hundred and sixty-five, far the largest proportion occurred in vaccinated persons, a circumstance which, as a naked proposition, might tend to exalt the public confidence in inoculation at the expense of vaccination. Now, although we are unable to ascertain with any pretensions to preciseness the just allotment of the two orders of cases, enough has been said, to indicate that the susceptibility to *varioid* is not very greatly different under both sorts of protection. It is highly probable that at least eighty thousand vaccinated persons reside in this city; while there are not more than twenty thousand, and probably even a smaller number of variolated persons; hence, on the supposition of an exactly equal susceptibility we ought to find four cases of varioloid after vaccine, to one case of the same affection subsequent to variola.

Ten deaths are reported as having occurred from smallpox subsequent to cowpox, and nine from smallpox subsequent to smallpox. With regard to the ten deaths after vaccination, the committee endeavor to satisfy themselves that only one is fairly

to be counted as such. "We may," say they, after an examination of the several cases in which death took place, "we may, without the least want of candor, come to the conclusion, that only one death from smallpox after vaccination has occurred in Philadelphia during the year 1827." Now the reasoning by which the committee have satisfied themselves that nine-tenths of these fatal cases are not to be counted, is very far from being satisfactory; it is a sort of reasoning by which almost any disease could be shown never to prove fatal. We are persuaded that vaccination has suffered from nothing so much, and has hereafter to fear from nothing so much, as the injudicious zeal of its friends. Ever since its introduction they have been upon the alert, striving to throw into the shade, to account for, to slur over, every event which seemed likely to injure its reputation with the public. This we feel certain is bad policy. Instead of any thing like concealment, or an attempt to put things in a too favorable view, let a full and strong light be thrown upon all the facts of the case. What do we want but the truth? If cowpox is really a better practice for mankind than inoculation for smallpox, it will prove to be so; it can be shown to be so, for there is no truth that cannot in the long run be *shown* to be truth. If it be not so—why then the sooner we know it the better. If we admit candidly all the unfavorable facts which have come to light with regard to cowpox, draw a *fair* comparison between it and inoculated smallpox; taking especial care not

to make it too favorable to cowpox; the result in the end will be, a limited perhaps, but so far as it goes a reasonable and safe reliance on this mild disease. But if we go on as we have ever since its introduction, living upon expedients, contesting every inch of ground, putting a bold face upon all adverse accidents, explaining them away instead of admitting them to be unfavorable, neither ourselves nor the public will know upon what they are to depend; the faith of all will become finally unsettled, and by endeavoring to keep it up too high we shall sink it too low. Men will become suspicious, and be driven to inoculation or to a state of total scepticism upon the whole subject. Indeed a disposition of this sort is becoming daily more common.

We have no fear whatever but vaccination will, on the whole, turn out vastly superior in its preservative effects to inoculated smallpox. This general fact is all we wish to establish. The precise degree in which it is superior is a matter of quite a secondary importance. It is better that the public should believe that it is a very much less certain preventive than it is; should feel certain in this belief and have no facts daily arising which tend to unsettle it—than that they should be taught that it is even as good as it is, and be daily meeting with facts which render them suspicious, and tend to unsettle their faith in it.

This fault in the manner of viewing this subject is by no means peculiar to the gentlemen composing this committee; it is a fault common to all of us, in our personal intercourse with our patients, as well as in pub-

lications on the subject, and we felt bound to notice it as likely in the end to injure the cause. In every other particular the labors of this committee do honor to themselves and the society of which they were the organs.

This number contains some other interesting articles, of which a condensed account may be hereafter inserted.

The subject of the following Circular from Dudley Atkins, M.D. of Newburyport, we think deserves the attention of the profession and of the public.

Dr. Dudley Atkins, having been much incommoded in his practice by the difficulty of procuring proper attention to crippled and deformed children, and believing that many might by such attention be made active and useful citizens, who are now consigned to a corner, a cradle, or the grave, ventures to make the following proposal. He wishes, if a sufficient number of subjects can be found, (of which there is in his mind no doubt) to open a private establishment for the accommodation of this class of sufferers. The great skill which it is known may be derived from fixing the attention upon the study of any one subject, together with the difficulty which all parents of such children must have experienced in giving and procuring them attention sufficient for effecting their cure, will, it is hoped, prove Dr. A.'s belief, that he can in this way be of some service to his fellow-creatures, not altogether fond and overweening.

It is well known that surgeons devote their labors to the cure of diseases of single organs, as the eye, the ear, &c. with constant and undoubted improvement and success. The subjects of the diseases proposed as the objects of Dr. A.'s attention

are at the least as peculiar in their character, and as widely removed from the routine of common practice; their history and treatment form no part of common surgical works, and their cure involves the use of apparatus which can only be obtained in large towns and among competent workmen. These cases moreover are rarely treated with beneficial results in a shorter period than six months, a length of attendance which, especially in the more unpromising forms of these complaints, may well exhaust the patience of the practitioner, who is not upheld and carried on by a certain degree of enthusiasm, and a particular fondness for this department of practice. These qualifications Dr. A. hopes to bring with him to this employment, and he believes that the lights he has been able to obtain by a residence in the Hospital at Philadelphia, and visits to the larger Hospitals of France and England, aided by some mechanical ingenuity, by the most sincere interest, and the most untiring perseverance, may be of more efficacy than the irregular and partial attendance, which is generally given to the unhappy subjects of this humble and unpretending department of surgery.

If a sufficient number of applications are made, a private house will be at once appropriated to this purpose, as preparatory to a more extensive establishment. The greatest attention will be paid to education, and the house will be open to public inspection, which will afford a security to parents at a distance that no abuses exist in the establishment. The success of a number of similar institutions in retired situations in Europe, and the known great number of cases of this kind among us, induce the hope that this proposition will meet with success. The kind of cases intended to be received are curved spines, club or distorted feet, and in general all kinds of deformity that are in any degree susceptible of relief. The expenses, it is believed, need not much exceed two dollars

per week, which will make the institution accessible to people in moderate circumstances, while so good order will be preserved that the wealthy need not fear deterioration or neglect.

This plan has been submitted to the consideration of Dr. JAMES JACKSON and Dr. JOHN C. WARREN, of Boston, and Dr. A. is authorised to say that they highly approve it, and will give it all the assistance in their power.

Newburyport, April, 1828.

NEW WORK BY DR. ARMSTRONG.

Dr. ARMSTRONG is preparing for publication an octavo volume on the Remote Causes, Prevention, Nature, and Treatment of Diseases of the Stomach, Liver, and Bowels. This work will be preceded by a series of colored drawings, in quarto, with copious letter-press, illustrative of the morbid anatomy of the stomach, liver, and bowels. They will be published in six monthly fasciculi, each containing about five plates accurately colored from Nature.

WEEKLY REPORT OF DEATHS IN BOSTON,

Ending April 25, at noon.

<i>April 19.</i>	Edward Harvey,	43 yrs.
	Maria M. F. Gale,	25
	Drew Foss,	38
20.	Jehu Thompson,	33
	Susan Barker,	41
	Susan F. Williams,	5 mo.
	William Howard,	40
21.	Child of Eben. Parker,	2 days.
	John Brown, jr.	11 mo.
	John Bennett,	4 days.
	William Gideon,	22 yrs.
22.	Mary Foster,	88
	Catharine P. Younger,	29
23.	Mary Carter,	77
	William Turner,	60
	Charles E. Fessenden,	18
	Susanna H. Gibbens,	11 mo.
24.	Mary Trueman,	38 yrs.
	Judith Ball,	19 mo.
	Betsey Rogers Daniels,	6 yrs.
	Francis Smith,	21
	William E. Manning,	7 mo.
25.	George W. Simpson,	6 yrs.
	Ann Chapman,	49

Brain fever, 1—childbed, 1—consumption, 6—croup, 1—hooping cough, 1—inflammation, 1—intemperance, 3—lung fever, 4—old age, 2—teething, 1—unknown, 4. Males, 14—females, 11. Stillborn, 1. Total, 26.

ADVERTISEMENTS.

SKIN INFIRMARY.

THIS Institution has for its object the treatment of CUTANEOUS DISEASES. To the *poor* who are suffering from eruptions of any description, medical advice and attendance will be given free of expense.

CHANDLER ROBBINS, M.D.

SULPHUR BATH.—Dr. R. has, at his house, a private *Sulphur Bath* on an improved plan, which he will administer in cases of Rheumatism, and affections of the skin which require it.

Head of Franklin Place, Boston.

ecop6t

CHARLES WHITE,

No. 269 Washington St. Corner of Winter St.

HAS received by the late arrivals from Europe his spring supply of MEDICINES; among them the Extract Balsam Copaiva, Ext. Belladonna from Eye-Infirmiry, Blue pill from Apothecaries' Hall, Calomel, Tartar Emetic, Magnesia Calc., Elaterium, Opium deprived of Narcotine, Opium deprived of Morphine, Denarcotized Tinct. Opium, Sulphate Quinine, Sulphate Cinchona, Sulphate Rhubarb, Ext. Hops, &c. &c.

C. W. returns his grateful acknowledgment to the Physicians, his friends and the public, for their liberal support, and hopes by strict personal attention to Physicians' Prescriptions, the compounding and delivery of Medicine, to have a continuance.

April 22.

NOTICE.

SUBSCRIBERS who are still indebted for the *Boston Medical Intelligencer*, are requested to pay their bills, as recently presented, either at this office or to one of the following agents.—*Barnet Peters*, Portland, Me.; *Charles Coffin*, Postmaster, Buxton, Me.; *Charles S. Francis*, New-York, N. Y.; *Tho. O. H. Croswell*, Postmaster, Catskill, N. Y.; *R. H. Small*, Philadelphia, Pa.; *Gideon B. Smith*, Patriot office, Baltimore, Md.; *Lemuel Dwell*, Augusta, Ga.; *Drake & Conclin*, Cincinnati, Ohio.

Gentlemen are reminded that after the 14th day of next month the price of the

5th volume, as published, will be \$3.00, instead of \$2.62 1-2.

NATHAN JARVIS

HAS purchased the stock of Drugs and Medicines, and taken the store lately kept by Mr. Henry White, at Apothecaries' Hall, No. 188, Washington Street, and he hopes by constant personal attention at all hours to receive the patronage which has formerly been given to this establishment.

6t.

April 8.

WEBSTER'S CHEMISTRY.

RICHARDSON & LORD have in the press a second edition of Webster's Manual of Chemistry, with additions and improvements.

Also—Chemical Manipulation, being instructions to students in Chemistry on the methods of performing experiments, of demonstration or of research, with accuracy and success. By MICHAEL FARADAY, F.R.S. &c., Director of the Laboratory of the Royal Institution of Great Britain, &c. &c. With additions by JOHN W. WEBSTER, M.D. Erving Professor of Chemistry in Harvard University.

The following character of the latter work is from the *Philosophical Magazine and Annals of Philosophy* for July. "After a very careful perusal of the work, we strenuously recommend it, as containing the most complete and excellent instructions for conducting chemical experiments. There are few persons, however great their experience, who may not gain information in many important particulars; and for ourselves, we beg most unequivocally to acknowledge that we have acquired many useful and important hints, on subjects even of every day occurrence."

SURGICAL INSTRUMENTS, &c.

SAMUEL N. BREWER & BROTHERS have just received a large invoice of *Surgical Instruments*, which they will sell on the most favorable terms at their Store,—*Sign of the Good Samaritan*, 90 and 92, Washington St., where is also for sale a large assortment of *Drugs, Medicines, Chemical and Electrical Apparatus*, and other articles that are usually kept in Druggists' stores.

Published weekly, by JOHN COTTON, at 184, Washington St. corner of Franklin St., to whom all communications must be addressed, *postpaid*.—Price three dollars per annum, if paid in advance, three dollars and a half if not paid within three months, and four dollars if not paid within the year. The postage for this is the same as for other newspapers.